

MDR Tracking Number: M5-04-2920-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 05-06-04.

CPT code 97139-PH date of service 01-12-04 was withdrawn by the requestor's office on 11-18-04 and will not be reviewed by the Medical Review Division.

I. DISPUTE

Whether there should be reimbursement for CPT codes 97124, 97139-PH, 97139-PIR and 97530 for dates of service 01-09-04 through 01-30-04.

II. FINDINGS

On 07-09-04, the Division submitted a Notice to the requestor to notify the requestor that the Medical Review Division determined that the dispute contained unresolved medical fee issues only. Per Rule 133.307(g)(3), the Notice also requested the requestor to submit additional documentation necessary to support the fee charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

III. RATIONALE

CPT code 97124 dates of service 01-09-04 through 01-28-04 (10 DOS) denied with denial code "N" (Per Medicare/LMRP guidelines, timed units of physical medicine must include documentation of the amount of time spent on a cumulative basis. LMRPY-13.3). The requestor provided the documentation of time spent for CPT code 97124 in the request for reconsideration. Reimbursement per the Medical Fee Guideline effective 08-01-03 is \$280.90 ($\$22.47 \times 125\% = \$28.09 \times 10 \text{ DOS}$). However, the requestor billed \$28.00 for each date of service. Reimbursement in the amount of \$280.00 is recommended.

CPT code 97139-PH dates of service 01-09-04 through 01-30-04 (10 DOS) denied with denial code "F" (Fee Guideline MAR reduction). No payment has been made by the carrier. Reimbursement is recommended per the Medical Fee Guideline effective 08-01-03 in the amount of \$200.10 ($\$16.01 \times 125\% = \$20.01 \times 10 \text{ DOS}$).

CPT code 97139-PIR dates of service 01-09-04 through 01-30-04 (10 DOS) denied with denial code "F" (Fee Guideline MAR reduction). No payment has been made by the carrier. Reimbursement is recommended per the Medical Fee Guideline effective 08-01-03 in the amount of \$200.10 ($\$16.01 \times 125\% = \$20.01 \times 10 \text{ DOS}$).

CPT code 97530 dates of service 01-09-04 through 01-30-04 (10 DOS) denied with denial code “N” (Per Medicare/LMRP guidelines, timed units of physical medicine must include documentation of the amount of time spent on a cumulative basis. LMRPY-13.3). The requestor provided the documentation of time spent for CPT code 97530 in the request for reconsideration. Reimbursement per the Medical Fee Guideline effective 08-01-03 is \$372.10 ($\$29.77 \times 125\% = \$37.21 \times 10 \text{ DOS}$). However, the requestor billed \$35.00 for each date of service. Reimbursement in the amount of \$350.00 ($\$35.00 \times 10 \text{ DOS}$) is recommended.

CPT code 97139-PIR date of service 01-28-04 denied with denial code “N” (Per Medicare/LMRP guidelines, timed units of physical medicine must include documentation of the amount of time spent on a cumulative basis. LMRPY-13.3). The requestor provided the documentation of time spent for CPT code 97139-PIR in the request for reconsideration. Reimbursement per the Medical Fee Guideline effective 08-01-03 is recommended in the amount of \$20.01 ($\$16.01 \times 125\%$).

CPT code 97124 date of service 01-30-04 denied with denial code “F” (Fee Guideline MAR reduction). No payment has been made by the carrier. Reimbursement per the Medical Fee Guideline effective 08-01-03 is \$28.09 ($\$22.47 \times 125\%$). However, the requestor billed \$28.00 and therefore this is the recommended reimbursement.

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes 97124, 97139-PH, 97139-PIR and 97530 for dates of service 01-09-04 through 01-30-04.

V. ORDER

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with Medicare program reimbursement methodologies effective August 1, 2003 per Commission Rule 134.202(c), plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 01-09-04 through 01-30-04 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

The above Findings and Decision and Order are hereby issued this 19th day of November 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division
DLH/dlh